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AGO ltr 29 Apr 1980

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DEPARTMENT OF THE ARMY
HEADQUARTERS, 32ND MEDICAL DEPOT
APO US FORCES 96240

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11 May 1966

SUBJECT: Operational Report on Lessons Learned for Quarterly Period
Ending 30 April 1966 RCS CSGPO-28 (RI)

THRU: Commanding Officer
Headquarters, 44th Medical Brigade
APO US Forces 96307

Commanding General
Headquarters, 1st Logistical Command
APO US Forces 96307

Commanding General
Headquarters, United States Army, Vietnam
ATTN: AWC
APO San Francisco 96307

TO: Department of the Army (ACSEFOR DA)
Assistant Chief of Staff for Force Development
Washington, D.C. 20310

STATEMENT #2 UNCLASSIFIED

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1. Reference: 1st Logistical Command Regulation 870-2, dated 16 December 1965 with change 1, dated 8 April 1966.

2. Operational report of lessons learned is submitted as follows:

SECTION I. Significant Organizational Activities

1. For the report period 1 January 1966 through 30 April 1966 the following increases in workload and supplies on hand are applicable:

- a. Maintenance float on hand increased from 75% to 90%
- b. Percent of fill to customer increased from 65 to 73%

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- c. Tonnage on hand increased from 573 to 1901.
- d. Tonnage shipped increased from 209 to 291 per month.
- e. Line items processed increased from 15,000 to 33,000 per month.

2. The number of medical items reported as Special Management Items (formerly Critical Items List) has decreased during the report period from 24 to 14.

3. Adequate storage space, both covered and open, has been the leading problem confronting the Depot since arrival "In Country". This problem has been alleviated to a degree by the completion of a 24,000 sq ft warehouse on 1 April. Prior to this time the only covered storage available has been CONEX containers. The number of CONEX containers required, over 300, tremendously magnified the work load of the storage and issue section and in general slows the entire operation. Approximately 96,000 sq ft of ground space or 4 times the area of the warehouse has been required to accommodate all the CONEX containers. This large area, mostly covered with heavy sand, has been a deterrent factor to maximum efficiency. The warehouse will not completely preclude the use of CONEX containers for storage, however the fewer CONEX containers required and consequently the reduced area to be traveled in locating and selecting medical supplies will increase the efficiency of the entire operation.

4. The new warehouse facility has created a problem dealing with electrical power. The RMK electrical contractor has indicated that there is insufficient electrical power available from the 8th Field Hospital complex to support the new facility. A requisition and justification for two 60KW generators was submitted through channels on 12 April to meet all the Depot's electrical power requirements. Paperwork was returned on 26 April by the 44th Medical Brigade for a complete listing of all equipment, lighting, etc requirements and for additional justification. A work order was submitted to the Area Engineer, USASC, Nha Trang for an electrical requirement survey. In the interim there is no lighting in the warehouse and bulk storage refrigerators are being operated with borrowed electric generating equipment.

5. Metal shelving and box pallets for the warehouse have also been problem areas. The loose issue section can not be relocated to the warehouse until shelving is obtained. A local procurement contract was let in February and delivery has been promised in early May. A request for box pallets was submitted in January, however a contractor was not located until the last week in April.

*Corrected from initial submission

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6. The Depot has receiving crews operating around the clock to expedite the checking in of supplies. As supplies are checked in and consolidated, where possible, the empty CONEX's are removed from the area to prevent further congestion. This procedure also speeds up the movement of supplies to the customers.

7. Non standard medical equipment of a special order nature has been arriving at the Depot by commercial mail with insufficient identification of the item. A request was submitted to the Commanding Officer of the 70th Medical Depot during his visit here for manufacturer's catalogs to help in identifying this material.

8. The number of spectacles repaired or fabricated by the Depot's Optical Sections in the advanced platoons and base platoon has increased five fold during the report period to 3349. The relative percentage of fabrications which must be referred out of country as being beyond the capability of the Depot has decreased from 50% to 20%. This decrease is in large measure attributable to the receipt of both stock tinted lenses and tinted lenses finished on one side which may be ground by the Depot according to prescription.

9. As of 5 May, all three Quick Reaction Teams will have terminated their TDY and returned to CONUS. One team was with each of the advance platoons in Qui Nhon and Saigon and one team remained with the Headquarters and Base Platoon in Nha Trang. The experience and knowledge brought by these teams has contributed substantially to the operation of the Depot, not so much that procedures were changed but that refinements of existing procedures were made.

10. The overall progress of the Depot for this report period has been excellent. Stock on hand is approaching optimum levels and problem areas are being reduced to a minimum. This program is reflected in customer satisfaction which has been determined excellent by liaison visits to supported units from the platoons and Depot Headquarters.

32nd Medical Depot's Operational Report on Lessons Learned

SECTION II. Commander's Recommendations

1. Personnel

a. The major personnel problem which has faced the Depot has dealt with inexperienced personnel. This problem has been minimized through OJT and actual experience. As original Depot personnel begin to rotate back to CONUS the same problem will arise again unless personnel are thoroughly screened prior to assignment to the Depot. Replacements currently being received are either untrained in depot procedures or freshly out of supply school with no experience. This problem becomes critical in the case of senior NCO's who must supervise section when they have been out of this phase of supply operations for several years or as in some cases have never worked in an account. For this reason it is highly recommended that a vigorous screening program be initiated to insure that adequately trained and experienced personnel are assigned to the Depot.

b. Requests have been made through channels to authorize the Depot to be reorganized at full TOE strength. At present the Depot is at reduced strength and minus two advanced platoons. This authority would increase equipment allowances as well as personnel strength. The 275th Supply Det (FB) and the 544th Supply Det (FC) have been functioning as the deleted advanced platoons. A request has been made to inactivate these two units concurrently with authorization of full TOE for the Depot and reassignment of the personnel to the Depot. Subsequent to this request there have been discussions of including in the Depot mission surveillance of Medical TOE equipment in storage for those units operating in fixed facilities and not using their TOE field type equipment. If this mission is adopted, new thinking in this area is that the FB and FC Detachments would be needed to provide the additional personnel required. Additional use could be made of these detachments in the event deployment is required to support contingency operations. This procedure would be by far more acceptable than splitting a platoon which is designed to function as an integral unit. It is recommended that the utmost consideration be given the maintaining of the two Supply Detachments in an operational status and the authorizing of full TOE for the Depot.

2. Intelligence.

a. Maximum utilization of Spot Intelligence Reports and Weekly Intelligence Review should be made within security limitations to inform troops of subversive activities being carried on by the VC. In this way situations or incidents which might otherwise go unnoticed will have meaning as possible subversive activities to the personnel who may become involved in such experiences.

b. Personnel should be instructed to report any information which may have a bearing on enemy activities, even though the information apparently

32nd Medical Depot's Operational Report on Lessons Learned

SECTION II. Commander's Recommendations (Cont'd)

has no significance. All the small pieces of intelligence information go together to form the big picture.

3. Security, Operations and Training.

a. Security, Operations and Training can not be ~~over~~ emphasized. This unit has appointed an ~~order~~ a security control officer. He maintains a program of security education, training and actively implements the requirements set down by pertinent regulations. Members of this unit are thoroughly indoctrinated on security. A Depot Procedure Guide is published and adhered to. Classes are presented weekly on security. Discussions are always in a frank and conversational style. Men of this Depot seem to enjoy the classes presented, in that they are engaged in the discussions. Emphasis is placed on not fraternizing with indigeneous personnel on or off duty.

b. Personal security is an important factor while stationed in Vietnam and should cause individuals to constantly keep in mind that the enemy is actively engaged in terroristic activities directed against US personnel. Vehicles should be parked in a secure area whenever possible. When it is not possible someone should be left to guard it. An individual should always check the vehicle to determine that no suspicious objects, wires or strings are inside, underneath or attached to the vehicle. He should check the hood, seats, chassis, dashboard and inside the glove compartment. Never should an individual attempt to remove any suspicious items found. Personnel must avoid routine in routes and times of movement, remote areas and streets, late hours, unsolicited packages, crowds when possible and civil disturbances at all times. Mentioned is only a few of the good traits that should be developed by all personnel.

c. Laxity in security of classified information can not be tolerated. Classified information is only disseminated to personnel with a valid clearance and the degree of clearance required for the subject matter on a "need to know" basis. Pertinent regulations and directives require control of personnel with valid clearances. This unit has in effect, the same, in that a Clearance, Access and Appointment Roster is present and up to date. The Security Control Officer in his discussion with the troops passes on vital information, such as; you are always in the presence of the enemy; radios and telephones are not secure; leave your work at your place of duty, keep it secured; and don't allow yourself to be put in a compromising position.

d. During the month of March 1966, this unit participated in a special security training program conducted by the compound headquarters, as directed by higher headquarters. A four hour class was presented on Survival; a two hour class on Document and Personal Security; a two hour class on the Code of Conduct and Evasion and Escape. These classes were presented in an excellent manner and a great deal was accomplished.

32nd Medical Depot's Operational Report on Lessons Learned

SECTION II. Commander's Recommendations (Cont'd)

4. Logistics.

a. Logistical support has been adequate for the most part. A few problem areas exist, pertaining to procurement of banding material, box pallets, metal shelving and such items not readily available through normal channels.

b. The logistical personnel are performing a highly commendable job in providing the many tons of supplies required to support the military missions in the Republic of Vietnam.

32nd Medical Depot

LESSONS LEARNED REPORT

Tent Liners

Item: Many medical units arrive in country without the authorized tent liners.

Discussion: Tent liners provide insulation against heat as well as cold making a more comfortable environment for patients and personnel.

Observation: Units authorized tent liners should bring them as TOE.

Climatic TOE Items

Item: Units arriving in country are bringing such climatic or seasonal type items as tent stoves, space heaters, and evacuation bags merely because they are authorized in TOE.

Observation: Those items not required for tropical climates should not be brought in country.

Qualified Personnel

Item: Experienced personnel is a requirement for operation.

Discussion: In the 32nd Medical Depot only two out of eleven officers had any actual supply experience. The remaining nine officers were graduates of the academic course of instruction for Medical Supply Officers but lacked on-the-job-training or experience. The job was accomplished but took a great deal longer than if experienced personnel were assigned. In many cases of NCO's, they had been out of a functioning supply environment for as long as four years.

Observation: Personnel, in particular officers and key NCO's should be screened and hand picked for experience in stock control and storage operations before being assigned to the Depot.

MHE Equipment

Item: TOE organic MHE is 2ea FSN 3930-679-4458 Truck Forklift 6,000 lbs Rough Terrain.

Discussion: The sandy terrain has presented maintenance problems with the 6,000 lb rough terrain forklift so that only one out of two is running at a given time. Advance Platoons have no MHE capability.

Observation: It is recommended that the Depot be authorized by TOE 5ea FSN 3930-679-4458 Truck Forklift 6,000 lbs rough terrain and 5ea FSN 3930-724-3570 Truck Forklift 4,000 lbs hard tire commercial model.

32nd Medical Depot

LESSONS LEARNED REPORT (Cont'd)

Refrigeration

Item: FSN 4110-391-3207, Refrigerator 1600 cubic ft, FSN 4110-291-3207, Fwd Housing Unit Reefer (gasoline operated) or FSN 4110-281-3184 refrigerator unit (electrical).

Discussion: There are numerous commodities such as X-ray film which require refrigeration under the climatic conditions of 120 to 130 degree temperatures. The only TOE refrigeration units are for the blood storage.

Observation: That each of the 3 Advance Platoons be authorized 2ea FSN 4110-391-3207, refrigerator 1600 cubic ft and 2ea refrigeration units; Base be authorized 3ea for refrigerators and refrigeration units.

Resupply Set #2

Item: Receipt of Resupply Sets #2 must be timely to be of any value.

Discussion: When the 32nd Medical Depot arrived in country in Oct 1965, Resupply Sets #2 were to be on hand so that Depot had operating stocks. These sets did not arrive until January 1966, well after supplies ordered direct from CONUS had arrived. The Resupply Set #2 components should be reviewed professionally to determine adequacy of items since there has been approximately 50% demand for the items contained in the sets.

Observation: Resupply Set #2 must be on hand when required to meet a contingency plan in order to be of any value. Contents of sets require review to make sure components are those required to support operating medical treatment facilities.

Specialized Items of Equipment

Item: When professional B-prefix personnel are assigned as augmentation to TOE units these personnel should be provided specialized equipment requirements for them to perform their mission.

Discussion: Specialized equipment for these personnel have been ordered after arrival in country. Much of this equipment is non-standard and requires 3 to 5 months delivery time from CONUS.

Observation: Professional B-prefix personnel should be authorized to bring from CONUS their specialized items of equipment to perform their mission.

Medical Treatment Facilities Supplies

Item: TOE Medical Treatment facilities should bring into country 30 days of expendable supplies and a minimum of four changes of linens per bed to include pajamas, robes, slippers and towels.

32nd Medical Depot

LESSONS LEARNED REPORT (Cont'd)

Discussion: Thirty days of expendable items should arrive with the unit. This stockage list should be reviewed by the professional staff to determine acceptability of items and quantities. Since laundry facilities are a problem, at least four sets of linens per bed should arrive with the unit.

Observation: Items noted above should arrive with the unit as part of TOE, TDA equipment.

Emergency Medical Treatment Set Phase I & II

Item: FSN 6545-559-6105 and 6545-576-9315 Emergency Medical Treatment Set Phase I and II.

Discussion: These sets in a combat area serve no practical purpose and present problems in accountability, control, and transportation. There are enough TOE medical treatment facilities available for adequate patient treatment as well as medical supplies.

Observation: The Phase I units have been shipped out of country and neither Phase I or Phase II sets should be considered for issue in a combat area.


J. E. BLANCO
Major, MSC
Commanding

AVLC-MR-SO (11 May 66)

1st Ind

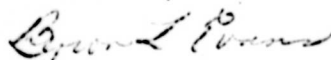
SUBJECT: Operational Report on Lessons Learned for Quarterly Period
Ending 30 April 1966 RCS CSGPO-28 (RI)

HEADQUARTERS, 44th Medical Brigade, APO 96307, 10 June 1966

TO: Commanding General, 1st Logistical Command, APO 96307

1. Concur in basic report
2. Information has been received that metal shelving has been shipped from the contractor and is due in-country by the middle of June. In addition a new contract has been let and box pallets are scheduled for delivery at the rate of 225 per week beginning 27 June 1966.
3. A recommendation is pending at the present time relative to the problem of on hand TOE items in units who operate in fixed facilities and have no need for the majority of TOE items. If the final decision is made to store medical assemblies not being used in-country, FB or FC Supply Detachments will be needed to conduct surveillance.

FOR THE COMMANDER:



BYRON L. EVANS
Captain, MSC
Adjutant

AVLC GO-H (11 May 66)

2nd Ind

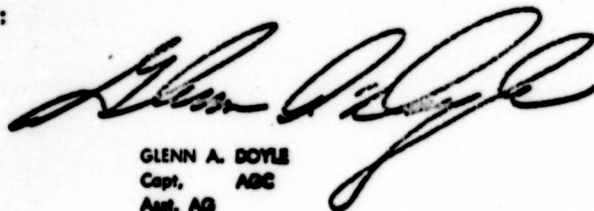
SUBJECT: Operational Report on Lessons Learned for Quarterly Period Ending
30 April 1966. RCS CSGFO-26(RI)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 30 JUN 1966

TO: Commanding General, United States Army, Vietnam, ATTN: AVC (HIST)
APO 96307

1. Forwarded in accordance with AR 525-24 and USARV Circular 270-1.
2. Reference paragraph 3: All warehouses for the Medical Depot at Cam Ranh Bay are now complete. Problems with adequate storage for medical facilities are similar to storage problems with all classes of supply. A maximum construction effort utilizing engineer troops, contract construction and self help will not alleviate the storage facility problem until 1967.
3. Reference paragraph 4: The electrical survey requested by the depot has been completed.
4. Reference Section II, Item 1, Personnel: Personnel are requisitioned according to MOS and grade authorized by TOSL. A certain amount of on-the-job training will always be required and unqualified personnel should be reclassified. Every commander would prefer that his personnel be "hand picked" however, this is always not practicable.

FOR THE COMMANDER:



GLENN A. DOYLE
Capt. AGC
Asst. AG

AVC-DH (11 May 66)

3rd Ind

SUBJECT: Operational Report on Lessons Learned for Quarterly Period
Ending 30 April 1966 RCS CSGPO-28 (R1)

HEADQUARTERS, UNITED STATES ARMY, VIETNAM, APO San Francisco 96307.74 -000.000

THRU: Commander in Chief, United States Army, Pacific, ATTN: GPDP-MH,
APO 96558

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D.C. 20310

1. This headquarters concurs with the 32d Medical Depot operational report on lessons learned as indorsed, with the following added comments.

2. Reference Section I, paragraph 7: Manufacturer's catalogs are desirable for identifying nonstandard equipment. This headquarters recommends that CONUS procurement offices, when placing orders with manufacturers for direct shipment to the 32d Medical Depot, require the manufacturers to document the shipment. Documentation must provide, as a minimum, the applicable requisition number and a complete description of the item(s) to be shipped.

3. Reference Section II, paragraph/a: The need for experienced depot personnel cannot be over emphasized. The operating mission does not allow enough time for on the job training as a substitute for training and experience. The lack of a training base for noncommissioned officers in depot operations has long been recognized. This lack stems from the fact that CONUS depots are primarily staffed with civilians. It is recommended that current policies of depot operations be reviewed and provisions be made to train noncommissioned officers in CONUS depots.

4. Reference Section II, paragraph 1b: Per 1st indorsement, this headquarters, AVC-1BO, 7 April 66, to letter, headquarters 1st Logistical Command, AVLC-GO-O, 13 March 1966, subject: Letter of Transmittal (MTOE), this command submitted a MTOE requesting the 32d Medical Depot be brought to full strength by using the personnel and equipment of the 275th Supply Detachment (FB) and the 544th Supply Detachment (FC). As indicated in paragraph 3, 1st Indorsement, the surveillance of medical assemblies is a separate problem which should not affect the MTOE now being processed.

5. Reference Lessons Learned Report, MHE and Refrigeration equipment: USARP Regulation 11-1, 4 December 1965 prescribes the procedure to justify and request additional equipment on a MTOE.

6. Reference Lessons Learned Report, Resupply Set #2: This headquarters has requested authorization from USARPAC for the retrograde movement of sets which are in excess of USARP requirements.

AVC-DH (11 May 66)

3d Ind

SUBJECT: Operational Report on Lessons Learned for Quarterly Period
Ending 30 April 1966 RCS CSGPC-28 (NL)

7. Reference paragraph 2, 2d indorsement: Three warehouses, 40' x 220', totaling 26,400 square feet are scheduled to be completed at Cam Ranh Bay in July 1966. Plans call for relocating the Base Section, 32d Medical Depot, from Nha Trang to Cam Ranh Bay during August 1966. An additional 26,000 square feet of medical warehouse space is planned at Cam Ranh Bay.

FOR THE COMMANDER:

WR C. Perry
for JAMES R. PERRY *1/17/66*
Major, AGC
Asst Adjutant General

GPOP-MH (11 May 66)

4th Ind

SUBJECT: Operational Report on Lessons Learned for Quarterly Period
Ending 30 April 1966 RCS CSGPO-28 (R1)

HQ, US ARMY, PACIFIC, APO San Francisco 96558 8 AUG 1966

TO: Assistant Chief of Staff for Force Development, Department of the Army,
Washington D.C. 20310

1. The Operational Report on Lessons Learned of the 32d Medical Depot for the period 1 January - 30 April 1966 is forwarded herewith.

2. In general, this headquarters concurs in the basic report as modified by the preceding indorsements. The following additional comments are offered:

a. Paragraph 7, Section I and paragraph 2, USARV 3d Indorsement, concerning non-standard equipment. In addition to the recommendations contained in paragraph 2, USARV 3d Indorsement, contracts for procurement of equipment should include a requirement that the following be included with the shipment:

- (1) Operators Manuals
- (2) Maintenance Manuals
- (3) Electrical Schematics
- (4) Repair parts listings with prices

b. Section II, Lessons Learned Report, Resupply Set No. 2 Item, and paragraph 6, USARV 3d Indorsement. The action taken by USARV is noted. Automatic medical resupply to SEA was computed based upon force packages and a project code related to the force package was assigned. As a result, many supplies were directed to a Medical unit rather than to the 32d Medical Depot. Timely arrival of needed supplies was also hampered by delayed ship discharge and in-country distribution difficulties. Although continued professional review of the components of resupply sets is essential, it is not considered practical to develop a wide range of sets individually tailored to climatic or type-of-conflict conditions. Balanced stockage can be assured only when an in-country capability to requisition in accordance with demand has been developed.

c. Section II, Lessons Learned Report, Specialized Items of Equipment Item. The lateral transfer of nonstandard specialized Medical equipment is currently authorized by paragraph 12, AR 40-6.

FOR THE COMMANDER IN CHIEF:


D. A. HARRISON

Capt, AGC
Asst AG

Copy furn:
CG USARV, Attn: AVC-DH

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